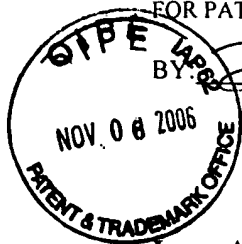


I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: MAIL STOP AMENDMENT, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.



BY: Dennis N. Collins

DATE: 11/3/06

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Boris Skurkovich *et al.*

Group Art Unit:
1645

Application No.: 10/634,441

Examiner:
Sarvamangala J.N. Devi

Filed: August 5, 2003

Attorney Docket No.:
53663-5007-02

Title: COMPOSITIONS AND METHODS FOR
TREATING HYPERIMMUNE RESPONSE IN THE EYE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE UNDER 37 CFR 1.97(c)

Sir:

The attention of the Patent and Trademark Office is hereby directed to the documents listed on the attached Form PTO-1449. One copy of each of these documents is attached, if required.

The fee required under 37 CFR 1.97(c) in connection with this Information Disclosure is enclosed. In the event any additional fees are required in connection with this paper, please charge Deposit Account No. 50-0573.

It is respectfully requested that the information be considered by the Examiner and that a copy of the attached Form PTO-1449 be returned indicating that such information has been considered.

11/07/2006 LWONDIM1 00000010 10634441

02 FC:1806

180.00 OP

PHIP529181V1

Applicants' undersigned agent may be reached by telephone at (215) 988.2720
correspondence should be directed to the below-listed address.

Respectfully submitted,

November 3, 2006

Date

Kathryn Doyle

KATHRYN DOYLE, PH.D., J.D.

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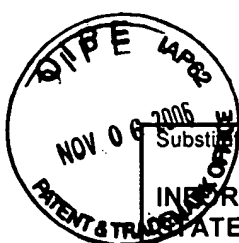
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Fax: (215) 988.2757

Attorney for Applicants

del



Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet 1 of 1

Complete if Known

Application Number	10/634,441
Filing Date	August 5, 2003
First Named Inventor	Boris Skurkovich, et al.
Group Art Unit	1645
Examiner Name	Devi, Sarvamangala J.N.
Attorney Docket Number	53663-5007-02

U.S. PATENT DOCUMENTS

Exr Initials	U.S. Patent Document		Name of Inventor or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY
	Number	Kind Code (if known)		
	2001/0021380		Plueneke	09-13-2001

FOREIGN PATENT DOCUMENTS

Exr Initials	Foreign Patent Document			Name of Inventor or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	T ₁
	Country Code	Number	Kind Code (if known)			
	WO	90/10707		Jonker et al	09-20-1990	

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS

Exr Initials	Include Name of Author (in CAPITAL LETTERS), title of the article (where appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	T ₁
	Skurkovich et al., "Treatment of corneal transplant rejection in humnas with anti-interferon gamma antibodies," Am J Ophthalmol 133:829-830 (2002)	
	International Search Report and Written Opinion, PCT/US04/24736, dated Feb. 28, 2005	

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial if reference is considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant(s).
PTO-1449.doc



FEE TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$690.00)

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number 50-0573

Deposit Account Name Drinker Biddle & Reath LLP

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee required under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

EXTRA CLAIMS FEES FOR UTILITY AND REISSUE

Total Claims * -20** = 0 X * = \$ 0

Independent Claims * - 3** = 0 X * = \$ 0

Multiple Independent + 360/180 = \$ 0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee Code	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

**or number previously paid, if greater; For Reissue, see above

SUBMITTED BY CUSTOMER NO. 23973

Complete (if applicable)

Name (Print/Type)	Kathryn Doyle, Ph.D., J.D.	Registration No. (Attorney/Agent)	36,317	Telephone	(215) 988.2902
Signature				Date	11/3/06